

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>213567202</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>Third Sector New England, Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CORPORATE CREATIONS NETWORK INC. 4445 CORPORATION LANE, 2ND FLOOR VIRGINIA BEACH, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>VIRGINIA BEACH CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>MA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>9/30/2013</b></p> <p>SCC ID NO: <b>F1600198</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 89 SOUTH ST SUITE 700</p> <p style="text-align: center;">CITY/ST/ZIP: BOSTON, MA 02111</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DAVID ORLINOFF  TITLE: PRESIDENT  ADDRESS: 10002 MAIN CAMPUS DR  CITY/ST/ZIP/CO: LEXINGTON, MA 02421 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DAVID ORLINOFF TITLE: PRESIDENT ADDRESS: 10002 MAIN CAMPUS DR CITY/ST/ZIP/CO: LEXINGTON, MA 02421	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARLENE FORTUNATO DIRECTOR 140 CLARENDON STREET SUITE 222 BOSTON, MA 02116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EVELYN FRIEDMAN DIRECTOR 26 COURT STREET SUITE 200 BOSTON, MA 02108	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHANNA CHAO KREILICK DIRECTOR 79 JFK STREET CAMBRIDGE, MA 02138	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLAYNE MURRELL-SMITH DIRECTOR 308 CONGRESS STREET BOSTON, MA 02210	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	IMARI PARIS JEFFRIES DIRECTOR 89 SOUTH STREET SUITE 700 BOSTON, MA 02111	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARJORIE RINGROSE DIRECTOR 11 CONCORD STREET CHARLESTOWN, MA 02129	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT WADSWORTH DIRECTOR 75 ARLINGTON STREET BOSTON, MA 02116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN WHEELER DIRECTOR 25 BEACON STREET BOSTON, MA 02108	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DAVID ORLINOFF SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID ORLINOFF, PRESIDENT PRINTED NAME AND CORPORATE TITLE	7/1/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			